

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Complete if Known

Application Number 10/004,365  
Filing Date November 1, 2001  
First Named Inventor James Lynn BARATUCI, et al.  
Examiner Name Basil S. Katcheves  
Group Art Unit 3635

Total Number of Pages in This Submission Attorney Docket Number 0124-112

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | FORM 1449  |
| <input checked="" type="checkbox"/> Information Disclosure Statement         | <input type="checkbox"/> Request for Refund   | DE 3529434 A1  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  | WO 97/06332  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |   | INTERNATIONAL PRELIMINARY EXAMINATION REPORT WRITTEN OPINION                               |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

REMARKS:

SUBMITTED BY				Complete (if applicable)	
NAME AND REG. NUMBER		Brian A. Tollefson, Reg. No. 46,338			
Signature		Date	March 23, 2005	Deposit Account User ID	02-2135